

SHB 2404 - S AMD TO HEA COMM AMD (S5589.1) 338
By Senator Jacobsen

1 On page 6, after line 33 of the amendment, insert the following:

2 "NEW SECTION. **Sec. 7.** (1) Each retainer health care practice that
3 offers a retainer agreement must have a fully operational,
4 comprehensive grievance process that complies with the requirements of
5 this section and any rules adopted by the commissioner to implement
6 this section.

7 (2) Each retainer health care practice must process as a complaint,
8 a retainer subscriber's expression of dissatisfaction about customer
9 service or the quality or availability of a primary care service. Each
10 retainer health care practice must implement procedures for registering
11 and responding to oral and written complaints in a timely and thorough
12 manner.

13 (3) Each retainer health care practice must provide written notice
14 to a retainer subscriber or the retainer subscribers' designated
15 representative of its decision to deny, modify, reduce, or terminate
16 the retainer agreement, or provision of primary care services.

17 (4) Each retainer health care practice must process as an appeal a
18 retainer subscriber written or oral request that the retainer health
19 care practice reconsider: (a) Its resolution of a complaint made by a
20 retainer subscriber; or (b) its decision to deny, modify, reduce, or
21 terminate the retainer agreement or provision of primary care services
22 or benefits. A retainer health care practice must not require that a
23 retainer subscriber file a complaint prior to seeking appeal of a
24 decision under (b) of this subsection.

25 (5) To process an appeal, each retainer health care practice must:

26 (a) Provide written notice to the retainer subscriber when the
27 appeal is received;

28 (b) Assist the retainer subscriber with the appeal process;

29 (c) Make its decision regarding the appeal within thirty days of
30 the date the appeal is received. An appeal must be expedited if the

1 retainer subscriber reasonably determines that following the appeal
2 process response timelines could seriously jeopardize the enrollee's
3 life, health, or ability to regain maximum function. The decision
4 regarding an expedited appeal must be made within seventy-two hours of
5 the date the appeal is received;

6 (d) Cooperate with a representative authorized in writing by the
7 retainer subscriber;

8 (e) Consider information submitted by the retainer subscriber;

9 (f) Investigate and resolve the appeal; and

10 (g) Provide written notice of its resolution of the appeal to the
11 retainer subscriber. The written notice must explain the retainer
12 health care practice's decision and the supporting coverage or clinical
13 reasons, and the retainer subscriber's right to request independent
14 review of the retainer health care practice's decision.

15 (6) Written notice required by subsection (3) of this section must
16 explain:

17 (a) The retainer health care practice's decision and the supporting
18 coverage or clinical reasons; and

19 (b) The retainer health care practice's appeal process, including
20 information, as appropriate, about how to exercise the retainer
21 subscriber's rights to obtain a second opinion, and how to continue
22 receiving primary care services as provided in this section.

23 (7) When a retainer subscriber requests that the retainer health
24 care practice reconsider its decision to modify, reduce, or terminate
25 an otherwise primary care health service that a retainer subscriber is
26 receiving through the retainer agreement and the retainer health care
27 practice's decision is based upon a finding that the primary care
28 service, or level of health service, is no longer medically necessary
29 or appropriate, the retainer health care practice must continue to
30 provide that primary care service until the appeal is resolved.

31 (8) Each retainer health care practice must provide a clear
32 explanation of the grievance process upon request, upon enrollment to
33 new retainer subscribers, and annually to retainer subscribers.

34 (9) Each retainer health care practice must ensure that the
35 grievance process is accessible to retainer subscribers who are limited
36 English speakers, who have literacy problems, or who have physical or
37 mental disabilities that impede their ability to file a grievance.

1 (10) Each retainer health care practice must: (a) Track each
2 appeal until final resolution; (b) maintain, and make accessible to the
3 commissioner for a period of three years, a log of all appeals; and (c)
4 identify and evaluate trends in appeals."

5 Renumber the remaining sections consecutively and correct internal
6 references accordingly.

EFFECT: Requires retainer health care practices to provide
consumer grievance and appeal processes to retainer subscribers.

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